

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	POLYMERS WITH SOFT SEGMENTS CONTAINING SILANE-CONTAINING GROUPS, MEDICAL DEVICES, AND METHODS
Attorney Docket Number::	P-10908.00

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Michael
Middle Name::	E
Family Name::	BENZ
City of Residence::	Ramsey
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	15410 Hematite Street NW
City of Mailing Address::	Ramsey
State or Province of Mailing Address::	MN
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	55303

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Christopher
Middle Name::	M
Family Name::	HOBOT
City of Residence::	Tonka Bay
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing Address::	40 Pleasant Lane W
City of Mailing Address::	Tonka Bay

State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55331

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Kelvin
Family Name:: BONNEMA
City of Residence:: Brooklyn Park
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 128 75th Ave. No.
City of Mailing Address:: Brooklyn Park
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55444

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Randall
Middle Name:: V
Family Name:: SPARER
City of Residence:: Andover
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 13522 Gladiola Street NW
City of Mailing Address:: Andover
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55304

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/459,299	04/01/03
This Application	Non-Provisional of	60/411,818	09/17/02

ASSIGNMENT INFORMATION

Assignee Name:: Medtronic, Inc.
Street of Mailing Address:: 710 Medtronic Parkway NE
City of Mailing Address:: Minneapolis
State or Province of Mailing Address:: MN
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 55432